

www.gallatin.mt.gov/health

Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall, Rm 108
Bozeman, MT 59715-3478
406-582-3120 • Fax: 406-582-3128

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW _____ REMODEL _____ (existing food service Y / N)

Name of Establishment _____

Location _____

City _____ Telephone Number of Establishment _____

Name of Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Applicant's Name _____

Contact Number _____ E-Mail Address _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Plumbing	_____ Electric
_____ Planning / Zoning (county or city)	_____ Building*
_____ Fire	_____ Other

Construction Start Date _____ Construction Completion Date _____

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Gallatin City-County Health Department may nullify final approval.

Signature(s) _____ Date: _____
owner(s) or responsible representative(s) **(WHO CAN SIGN)**

Approval of these plans and specifications by the Gallatin City-County Health Department does not indicate compliance with any other code, law or regulation that may be required -- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Department use only

Amount received _____

Check number _____

Receipt # _____

FOOD ESTABLISHMENT PLAN REVIEW PACKET

The purpose of a food establishment plan review packet is to give Environmental Health Services (EHS) the opportunity to review the plans, prior to construction or remodel, to make sure that the proposed plans are in compliance with state and local regulations and reduce the number of foodborne illnesses due to poor facility design.

Plan Review Packet

See Gallatin City-County Health Code Chapter 2, Section 2-11 (effective August 23, 2003).

Inspections

The plan review fee includes one pre-operational facility inspections. In order to pass the pre-operational inspection, the facility must meet the minimum requirements of the Administrative Rules of Montana (ARM) Title 16, Chapter 10, subchapter 2 and the Gallatin City-County Health Code, Chapter 2.

- If the establishment requires more than one pre-operational facility inspections to meet the minimum requirements and be approved to open, the additional inspection(s) is charged a fee (see Fee Schedule).

Site Visit

A site visit may be provided at the applicants request and is used to resolve any issues that cannot be resolved via plans or correspondence and that may benefit from an on-site evaluation, e.g. the need for or the placement of additional hand washing sinks (see Fee Schedule).

Food Establishment License

Once the establishment meets the minimum requirements and is approved to open, a Montana Department of Public Health and Human Services Food Establishment License Application must be completed. Please make check payable to MDPHHS for the applicable fee (contact GCCHD).

Building Permits

A building permit may be required for your project. Please contact the appropriate building department for your location. **Please be advised, a certificate of occupancy or building and fire department sign-off will be required by the Gallatin City-County Health Department before a Food Purveyor's License will be approved.**

City Building Departments

Town	Area Covered	Telephone #
Bozeman	w/i 3 mile of City Limits	582-2375
Belgrade	City Limits	388-4994
Three Forks	City Limits*	285-3431
West Yellowstone	w/i 1 mile of City Limits	646-7609

*Area covered may be extended

All other areas including Manhattan, Four Corners, Big Sky, Logan and all rural areas outside of the areas specified in the above table, are inspected by the state. Contact the State Department of Commerce, Building Codes Bureau, (406) 841-2009.

**HEALTH CODE
CHAPTER 2
ADOPTED BY BOARD OF HEALTH
05/23/2009
FEE SCHEDULE**

Base Rate for Services \$60.00 per hour
Education Course (4 hour) \$20.00 per individual

PLAN REVIEW

Individual Establishment

Up to 750 sq. ft or Mobile Unit \$200.00
 751 sq. ft to 2,500 sq. ft. \$400.00
 > 2,500 sq. ft. \$600.00

Multi-Department Establishment

Base Fee..... \$600.00
 Up to 750 sq. ft or Mobile Unit \$200.00
 751 sq. ft to 2,500 sq. ft. \$400.00
 > 2,500 sq. ft. \$600.00

Caterer \$200.00

Food Producer \$400.00

Small Food Producer \$200.00

(e.g. baker, candies, jellies, jams)

Re-Packaging Establishment \$200.00

(e.g. teas, spices)

Resubmittal Fee..... \$100.00

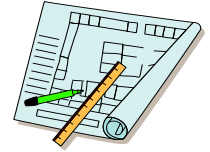
Site Visit \$120.00 + base rate for
 based on 2 hour visit each additional hour

Special Inspection..... \$120.00+ base rate for
 based on 2 hour visit each additional hour
 (e.g. ownership or endorsement change,
 use of licensed kitchen)

* An example of a multi-department establishment is a grocery store. A department is defined as a self-contained area within the establishment. Each department (main sales floor, meat, bakery, deli, espresso cart, etc) is assessed a fee based on the square footage. The fee is calculated by adding the base fee and individual department fees.



GUIDELINE FOR FOOD SERVICE PLAN REVIEW



To make the food service plan review process as easy as possible, complete the following checklist to assure that you have all of the necessary information. If you have any questions, please call the Gallatin City County Health Department (GCCHD) at 582-3120.

THIS IS A GUIDELINE TO THE BASIC REQUIREMENTS OF A FOOD SERVICE FACILITY. ACTUAL REQUIREMENTS ARE DETAILED IN THE ADMINISTRATIVE RULES OF MONTANA FOOD SERVICE (ARM). YOU CAN OBTAIN A COPY OF THE FOOD CODE BY CONTACTING THE GCCHD OFFICE.

SUBMITT THE FOLLOWING DOCUMENTS WITH THE PLAN REVIEW PACKET:

- _____ Proposed Menu (including seasonal, off-site and banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan
- _____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation and dish washing areas.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guideline.

9. Include and provide specifications for:
- a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (i) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (ii) Inside equipment such as reach-in and under-counter refrigerators;
 - (iii) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
 - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - g. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
 - h. Ventilation schedule for each room;
 - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - j. Garbage can washing area/facility;
 - k. Cabinets for storing toxic chemicals;
 - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

Category	Check Box
Restaurant	
Institution	
Retail Market	
Food Manufacturer	
Other	

Details	Provide information
Number of Seats	
Number of Outside Seats	
Number of Staff (maximum per shift)	
Total Square Feet of Facility	
Number of floors on which operations will be conducted	

Type of Service (check all that apply):	
Sit Down Meals	
Take Out	
Mobile Vendor	
Caterer	
Delivery Service	
Push Cart	
Semi Permanent	
Pre-Package Vendor	

		Maximum Meals/Customers to be Served (approximate)		
	Hours of Operation	Breakfast	Lunch	Dinner
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Will your establishment be seasonal?

Y / N

If yes, provide the dates of operation. _____

A. Food Preparation

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) etc.		
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) etc.		
3. Cold processed foods (salads, sandwiches, vegetables) etc.		
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables,) etc.		
5. Bakery goods (pies, custards, cream fillings & toppings) etc.		
6. Other		

B. Food Supplies

1. Are all food supplies from inspected and approved sources? Y / N
2. What are the projected frequencies of deliveries?
Frozen foods _____
Refrigerated foods _____
Dry goods _____
3. Provide information on the amount of space (in cubic feet) allocated for dry storage.

4. How will dry goods be stored off the floor? _____

C. Cold Storage

1. Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) / 45°F (7°C) OR below? Y / N

List the number and size of refrigeration units _____
List the number and size of freezer units _____
2. Provide the method used to calculate cold storage requirements. _____

3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Y / N

If yes, how will cross-contamination are prevented? _____

4. Does each refrigerator/freezer have a thermometer? Y / N
Locate each thermometer in the warmest part of the unit.
5. Describe the **date marking system*** that will be used for refrigerated, ready-to-eat, **PHF's**?

* **Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the "sell by" date, "best if used by" date, or the date by which the food must be consumed which is, including the date of preparation:**

D. Thawing Frozen Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen PHF's in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS	Location of Thawing
Refrigeration			
Running Water Less than 70°F (21°C)			
Microwave (as part of cooking process)			
Cooked from frozen state			
Other (describe).			

*Frozen foods: thin = one inch or less, and thick = more than an inch. (approximate measurements)

E. Cooking

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? **Y / N**

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

ITEM	TEMPERATURE	TIME
Fish and meat	145°F (63°C)	15 seconds
Beef roasts	130°F (54°C)	121 minutes
Solid seafood pieces	145°F (63°C)	15 seconds
Eggs:		
Individually order for immediate service	145°F (63°C)	15 seconds
Pooled (pasteurized eggs must be served to a highly susceptible population) such as nursing homes, schools and day cares	155°F (68°C)	15 seconds
Bulk style on buffet or hot line	155°F (68°C)	15 seconds
Pork products	145°F (63°C)	3 minutes
Comminuted (ground) meats and fish	155°F (68°C)	15 seconds
Exotic game and injected meats	150°F (66°C)	1 minute
	155°F (68°C)	15 seconds
Poultry, wild game, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites	165°F (74°C)	15 seconds
Fruits and Vegetables cooked for hot holding	135°F (57.2°C)	
Reheated PHF's	165°F (74°C)	15 seconds

2. List types of cooking equipment. _____

F. Hot/Cold Holding

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? Indicate type, size, and number of hot holding units. _____

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type, size, and number of cold holding units. _____

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/ Gravy	Thick Soups/ Gravy	Rice/ Noodles	Location of Cooling Process
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other (describe)						

G. Reheating

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for 15 seconds and within 2 hours?

Indicate type, size, and number of units used for reheating foods. _____

H. Preparation

1. Please list categories of foods prepared more than 12 hours in advance of service. _____

2. How will food employees be trained in good food sanitation practices?

3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? Y / N

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Required by the Gallatin City-County Health Code) **Y / N**

Please describe briefly: _____

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration: _____

Chemical test strips/kit provided: **Y / N**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **Y / N**

If not, how will ready-to-eat foods be cooled rapidly to 41°F? _____

7. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation. _____

I. Finishing Schedule

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Kitchen				
Walk-in Refrigerators				
Walk-in Freezers				
Grill Line				
Prep Station				
Other				
Bar				
Beer Walk-In				
Storage Room				
Dining Room				
Wait Stations and Serving Area				
Serving Beverage Area				
Salad Bar				
Hot Buffet				
Other				
Food Storage				
Dry Goods				

	Floor	Coving	Walls	Ceiling
Other Storage				
Chemical/Toxic				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse				
Outside				
Inside				
Recycling				
Mop Service Basin				
Dishwashing Area				
Delivery/Receiving				

J. Sinks

	YES	NO	NA
Handwashing			
Is there a hand washing sink in each food preparation, bar and dish/utensil washing area?			
Do all hand washing sinks have a mixing valve or combination faucet?			
Is hot and cold running water under pressure available at each hand washing sink?			
Is hand soap available at all handwashing sinks?			
Are single service towels available at all handwashing sinks? If no, Describe hand drying device _____			
Toilet Facilities			
Do all handwashing sinks have a mixing valve or combination faucet?			
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?			
Are hand drying facilities available at all handwashing sinks?			
Is hot and cold running water under pressure available at each hand washing sink?			
Are trash cans available in each restroom?			
Are all toilet room doors self-closing?			
Are all toilet rooms equipped with mechanical ventilation?			
Will a hand washing sign be posted at each employee restroom?			
Food Preparation Sinks			
Is a food preparation sink present in food prep area? Gallatin City-County Health Department may require a food preparation sink depending on menu.			
Please note, all produce must be thoroughly washed prior to service. How will all produce be washed prior to use? _____			

Multi use sink			
Describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____ _____ _____			
Dishwashing Facilities			
Will a sink or a dishwasher be used for ware washing? ____Dishwasher ____Three compartment sink			
Dishwasher			
Type of sanitization used: Heat / Hot water (indicate temp.) _____ Chemical (type) _____			
Is a ventilation hood provided for hot water dishwasher?			
Do all dish machines have templates with operating instructions?			
Do all dish machines have temperature/pressure gauges as required.			
Three Compartment Sink			
Does the largest pot and pan fit into each compartment of the pot sink? If no, what is the procedure for manual cleaning and sanitizing large pots? ____ _____			
Are there drain boards installed on both ends of the pot sink?			
Describe how equipment, utensil, dishes will be air dried.			
What type of sanitizer is used? _____Chlorine _____ Iodine _____Quaternary Ammonium _____ Hot Water (F°)			
Are chemical test papers and/or kits available for checking sanitizer concentration?			
Service Sink			
Is a janitorial/mop sink present?			
Food Preparation or Ware washing sinks may not be used for wastewater disposal.			
Floor sink			
Are floor drains provided & easily cleanable? If yes, indicate location			

K. Plumbing Connections

	Air Gap	Air Break	*Integral Trap	* P Trap	Vacuum Breaker	Condensate Pump
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks a. Mop b. Janitor/service c. Hand wash d. 3 bay sink e. 2 bay f. 1 bay						

g. Water Station						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/Drain Lines						
Hose Connection						
Beverage Dispenser with Carbonator						
Other:						

* **TRAP:** A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

L. Water Supply

1. Type of water supply (**NOTE: All new construction and remodeling of facilities not currently in operation must be connected to a MDEQ approved public water system**):

_____ Municipal (City) _____ **A utility bill or letter from the city office must be submitted as evidence of service**

_____ Private Has water source been approved by *who*? YES / NO / PENDING

_____ Public * Provide PWSID Number _____ Please attach copy of written approval for the public water system from DEQ.

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

	YES	NO	NA
Ice			
Is ice made on premises? (provide ice machine specifications)			
Is ice purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location if icemaker or bagging operation. Approval for the labeling of ice will be required by the Food Processing & Labeling Section, Food and Consumer Safety Section, (406) 444-2408.			
How will the ice machine be cleaned?			
Describe provision for ice scoop storage.			
Hot Water Tank			
The hot water generator must be sufficient for the needs of the establishment? What is the capacity of the hot water generator? Include information regarding the units recovery rate. (provide specifications)			
Water Treatment Device			
Is there a water treatment device? If yes, how will the device be inspected and serviced?			

M. Sewage Disposal

Sewage generated in a food service establishment must be disposed of in either a municipal sewage collection system, a public wastewater treatment system or a system constructed and operated in accordance with Title 75, chapter 6, Montana Code Annotated and Title 16, chapter 20, subchapter 4, Administrative Rules of Montana. Please indicate which type of system will be serving the establishment.

1. Type of wastewater treatment system: (**NOTE: All new construction and remodeling of facilities not currently in operation must be connected to a MDEQ approved wastewater treatment system**)

_____ Municipal (City) _____ **A utility bill or letter from the city office must be submitted as evidence of service**

_____ Private _____ Local wastewater treatment permit # _____

_____ Public* _____ Describe _____

Please attach copy of written approval (state and/or local permits).

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

2. Is a grease trap provided? **Required by state and city-county codes** Y / N
If yes, where? _____

3. Provide a schedule for cleaning & maintenance of the grease trap. _____

N. Insect and Rodent Control

	YES	NO	NA
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all openable windows have a minimum of #16 mesh screening?			
Are insect control devices identified on the plan? If yes, provide details.			
Will all pipes & electrical conduit chases be sealed and ventilation systems exhaust and intakes protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			
Will air curtains be used? If yes, where?			

O. Garbage and Refuse

	YES	NO	NA
Inside			
Do all containers have lids? If yes, where?			

Will refuse be stored inside? If yes, where?			
Is there an area designated for garbage can or floor mat cleaning? If yes, where?			
Outside			
Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Describe the location of grease storage receptacle.			
Recycling Areas			
Is there an area to store recycled containers? If yes, please describe location?			
Indicate what materials are to be recycled: Glass _____ Metal _____ Plastic _____ Paper _____ Cardboard _____			
Damaged Food Product Storage			
Is there an area designated for the storage of damaged food items? If yes, provide the location of the storage area for damaged goods.			

P. General

	YES	NO	NA
Dressing Rooms			
Are dressing rooms provided?			
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)			
Toxic Chemicals			
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? All insecticides/rodenticides must be approved for food service			
Describe the location of the storage area.			
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?			
Are all toxics containers including sanitizing spray bottles clearly labeled?			
Linens			
Will linens be laundered on site? If yes, which linens will be laundered and where will they be laundered? If no, how will linens be cleaned?			

Is a laundry dryer available?			
Location of clean linen storage.			
Location of dirty linen storage.			
Food Containers			
Are all bulk containers used for storage of bulk food products approved for food service?			
Indicate the type of storage units used.			
Lighting			
Are all lights shielded in all food prep areas, utensil & equipment dishwashing, & storage areas? (Provide a lighting schedule with protectors, (shields) on the site plan.			

Q. Ventilation

All exhaust ventilation must meet uniform mechanical and fire codes. Please attach copies of all documentation.

Please Note: in accordance with 37.110.213 paragraph 11, ARM, hoods must be installed at or above all deep fat fryers, broilers, fry grills, steam-jacketed kettles, hot-top ranges, ovens, barbecues, rotisseries, dishwashing machines, and similar equipment which produce comparable amounts of steam, smoke, grease, or heat.

Indicate all areas where exhaust hoods are to be installed	How is each listed ventilation hood system cleaned?

R. Small Equipment List

Please specify the number, location, and types of each of the following:	Number	Location
Meat and other slicers		
Cutting boards		
Can openers		
Mixers		
Floor mats		